

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**62-006387**  
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 177 Primary Registration District No. 5562 Registrar's No. 25

**FILED FEB 16 1962**

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AMENDED  
DATE AMENDED  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
BY AFFIDAVIT OF  
ITEM NO.

1. PLACE OF DEATH a. COUNTY <b>Iron</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Iron</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Arcadia Twp.</b>		Length of stay in lb <b>life</b>	c. CITY OR TOWN <b>Arcadia</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2 mi. S. of Arcadia</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>2 mi. S. of Arcadia</b>
3. NAME OF DECEASED (Type or print) First <b>BYRON</b> Middle <b>MICHAEL</b> Last <b>COAD</b>			4. DATE OF DEATH Month <b>February</b> Day <b>11</b> Year <b>1962</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1/24/1909</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>machine operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>shoe factory</b>	9. AGE (last birthday) <b>53</b>
11. BIRTHPLACE (City and state or country) <b>Arcadia, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>John Coad</b>		13b. MOTHER'S MAIDEN NAME <b>Rose Mayes</b>	14. NAME OF HUSBAND OR WIFE <b>Wilma Ruth Pratt Coad</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes WW2</b>		16. SOCIAL SECURITY NO. <b>WW2</b>	17. INFORMANT <b>Helen Haxlett, Arcadia, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2-11-62</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary heart disease</b>			<b>11-2-61</b>
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Hypertrophied arthritis back and legs (moderate)</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	Month, Day, Year _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>11-2-61</b> to <b>2-11-62</b> and last saw <sup>her</sup> him alive on <b>2-11-62</b>		Death occurred at <b>8.30 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>R. E. Harland, M.D.</b>		22b. ADDRESS <b>Ironton, Missouri</b>	22c. DATE SIGNED <b>2-13-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>2/14/1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Arcadia Valley Mem.Pk.</b>	23d. LOCATION (City, town, or county) (State) <b>Ironton, Missouri</b>
24. FUNERAL DIRECTOR <b>White Funeral Home, Ironton, Mo.</b> <i>Anall F. White</i>		25. DATE RECD. BY LOCAL REG. <b>2-13-62</b>	26. REGISTRAR'S SIGNATURE <i>Ma. Ann Jones</i>

FEB 27 1962

FEB 21 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Amel White

Licensed Embalmer No. 3012

P. O. Address Ironton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.